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Bib Data Sheet

CONFIRMATION NO. 9929

SERIAL NUMBER 09/782,503	FILING DATE 02/13/2001 RULE	CLASS 1	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. PLC-02-002U
APPLICANTS Robert T. Stone, Sunnyvale, CA; Bret A. Herscher, Cupertino, CA;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/182,291 02/14/2000 <i>FILE 8-22-01</i>				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/19/2001				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>FILE</i> Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 14
				INDEPENDENT CLAIMS 8
ADDRESS Francis Law Group 1808 Santa Clara Ave Alameda, CA 94501				
TITLE Audiometric apparatus and associated screening method				
FILING FEE RECEIVED 555	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

6/26/01 MB



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CONFIRMATION NO. 9929

SERIAL NUMBER 09/782,503	FILING OR 371(c) DATE 02/13/2001 RULE	CLASS 381	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. 33882/US/2
APPLICANTS Robert T. Stone, Sunnyvale, CA; Bret A. Herscher, Cupertino, CA;				
** CONTINUING DATA ***** This appln claims benefit of 60/182,291 02/14/2000 <i>[Signature]</i>				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/19/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>[Signature]</i>		STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 14
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 8		
ADDRESS 25763				
TITLE Audiometric apparatus and associated screening method				
FILING FEE RECEIVED 555	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	